

# Insights and Updates for Providers

February 2025

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## Noncovered Investigational Services MNG for Senior Products

[Tufts Health Plan Senior Care Options](#) | [Tufts Medicare Preferred](#)

Point32Health has developed Medical Necessity Guidelines (MNG) for Noncovered Investigational Services for Tufts Medicare Preferred and Tufts Health Plan Senior Care Options (SCO), effective for dates of service beginning April 1, 2025.

Similar to our [existing MNG](#) for Harvard Pilgrim and Tufts Health Plan Commercial and Tufts Health Public Plans, the new MNG documents services and codes for which Point32Health will not provide reimbursement in a centralized location as a comprehensive provider reference tool. As an example, services outlined as non-covered include some proprietary lab codes, select new bioengineered skin substitutes, and category III codes, among others.

At a minimum, Point32Health's Tufts Medicare Preferred and Tufts Health Plan SCO plans provide coverage for all services and items covered by Medicare. We use local coverage determinations (LCDs), national coverage determinations (NCDs), and Medicare interpretive manuals such as the Medicare Benefit Policy Manual to make coverage determinations.

For items that are considered experimental/investigational and consequently noncovered by the Centers for Medicare and Medicaid Services, the newly developed MNG references the applicable LCD or NCD which outlines Medicare's stance. If Medicare has not issued a definitive stance, Point32Health will determine coverage based on medical necessity, safety, and efficacy using reliable evidence as outlined in the MNG.

Tufts Medicare Preferred and Tufts Health Plan SCO members are being informed of the new MNG via mailings, which will begin in mid-February; as a result, you may receive questions from your patients. For complete information, please refer to the [Noncovered Investigational Services Medical Necessity Guidelines](#). ▲

## Initial inpatient admission notification requirement update

[Tufts Health One Care](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#) | [Tufts Medicare Preferred](#)

Point32Health is updating our requirements related to notification of initial inpatient admissions for members of our Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care plans, effective for dates of service beginning April 1, 2025.

As of that date, Point32Health must be notified **within one business day** following a member's initial admission to an inpatient facility — this is a change from the current policy, which requires that notification be submitted within two business days.

This change is intended to better support utilization management physicians in discharge planning and care coordination efforts and further our common goal of ensuring that our members receive the best care for them in the right setting, at the right time.

Our relevant Payment Policies have been updated to reflect this change, and the [Tufts Health Plan Senior Products](#) and [Tufts Health Public Plans](#) Provider Manuals will be updated in alignment with the April 1 effective date. In addition, on April 1 our Tufts Health Plan [Referral, Prior Authorization, and Notification Payment Policy](#) and [Avoiding Administrative Claim Denials Payment Policy](#) will be retired, and any pertinent information from these policies will be reflected in our applicable Provider Manuals and [prior authorization resources](#). ▲

## Important authorization reminders for Senior Products

### Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

We're sharing some important reminders regarding new prior authorization requirements for Tufts Medicare Preferred and Tufts Health Plan Senior Care Options (SCO) members — some of which took effect on Jan. 1, 2025, and some of which will be effective for dates of service beginning March 1, 2025.

#### Jan. 1, 2025: acute inpatient rehabilitation and non-emergent medical transportation

In the November 2024 issue of Insights and Updates for Providers, [Point32Health announced a number of new prior authorization requirements](#) for Senior Products, which took effect on Jan. 1, 2025. Among those prior authorization updates, we want to call particular attention to the following new requirements:

- Prior authorization is now required for the **acute inpatient rehabilitation level of care** for members of our **Tufts Medicare Preferred** and **Tufts Health Plan SCO** products. [Medicare Benefit Policy Manual Chapter 1](#) is utilized for prior authorization coverage criteria.
- **For Tufts Medicare Preferred only**, prior authorization is required for **non-emergent medical transportation (ambulance) codes A0426, A0428, A0430, and A0435**, and we follow [Medicare Benefit Policy Manual Chapter 10](#) for criteria. In addition to the broader communication about new prior authorization requirements for Senior Products for Jan. 1, you can find further information about this change in [this supplementary article](#) specific to non-emergent medical transportation.

#### March 1, 2025: skilled nursing facility care and long-term acute care

As we [announced in the January issue](#) of Insights and Updates for Providers, updates to our [Tufts Medicare Preferred \(HMO and PPO\) Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines](#) take effect on March 1, 2025 for **Tufts Medicare Preferred members** only. Point32Health would like to remind our provider network of these particularly notable authorization updates included in that work:

- Prior authorization will be required for **skilled nursing facility care**, and we will follow [Medicare Benefit Policy Manual Chapter 8](#) for prior authorization coverage criteria.
- We will also require prior authorization for **long-term acute care**, using [Medicare Benefit Policy Manual Chapter 1](#) for coverage criteria.
- Submitting prior authorization requests is more efficient using Tufts Health Plan's [secure online provider portal](#). If your facility is not yet registered for the provider portal, we encourage you to [do so now](#).

Refer to the Medicare Benefit Policy Manual and Point32Health's [prior authorization resources page](#) for complete information. ▲

## New substance use disorder treatment HEDIS tip sheet

### All products

Point32Health has developed a new HEDIS® tip sheet for the [Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#) measure.

The IET measure assesses the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. The best practices highlighted on this tip sheet, as well as our other HEDIS tip sheets, are intended to help you identify opportunities to improve patient care, implement best practices, and optimize HEDIS scores.

For the full collection of Point32Health tip sheets currently available, refer to the [HEDIS tip sheets page](#) on our provider website. And be sure to look to future issues of Insights and Updates for Providers for new information as we continue to develop additional tip sheets.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲*

## Fee schedule updates in effect April 1

**Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial**

Point32Health's fee schedules are reviewed regularly to ensure that they are comprehensive and consistent with industry standards.

We would like to offer a reminder that updates to our Harvard Pilgrim Health Care Commercial professional fee schedules, as well as our integrated Point32Health behavioral health fee schedule for both Harvard Pilgrim and Tufts Health Plan, will take effect on April 1, 2025. ▲

## CareLink claims runout

**CareLink**

As part of our Commercial integration, we no longer offer CareLink — an open access product with shared administrative services between Tufts Health Plan and Cigna. Over the past several years, members who were enrolled in CareLink have been migrated to a Harvard Pilgrim plan.

Please be aware that the claims runout period for CareLink ends on Dec. 31, 2025. We encourage you to submit any outstanding CareLink claims (initial claims, corrected claims, or claims appeals) as soon as possible to ensure they are processed. After the claims runout period, CareLink claims will no longer be processed. ▲

## Specialized Community Support Program Services 2025 updates

**Tufts Health One Care | Tufts Health Plan SCO | Tufts Health Together — MassHealth MCO Plan and ACPPs**

Effective Jan. 1, 2025, MassHealth implemented changes to its specialized Community Support Program for Homeless Individuals (CSP-HI) and Community Support Program Tenancy Preservation Program (CSP-TPP) Services. Among the changes for 2025 are revised clinical eligibility criteria that expand program access for members who are experiencing housing transitions and those at risk of homelessness or eviction.

We've updated Point32Health's CSP-HI and CSP-TPP [behavioral health performance specifications](#) and [Community Support Programs Medical Necessity Guidelines](#) to reflect MassHealth's Jan. 1, 2025 changes. We encourage you review these documents for detailed program information and billing guidance.

If you are a provider of specialized Community Support Program Services, please keep in mind that notification for CSP-HI and CSP-TPP is required, which can be provided by [completing this updated form](#) and returning it by fax to the appropriate number listed at the top of the form.

Developed to address the health-related social needs of members whose behavioral health diagnoses impact their ability to access medical care and other basic necessities, specialized CSP-HI and CSP-TPP services are provided by community-based, mobile paraprofessionals dedicated to increasing member independence and improving overall quality of life. To learn more about these and other Community Support Programs, refer to [MassHealth's CSP Manual for Providers](#). ▲

## Archiving select Payment Policies

### All Tufts Health Plan Products

Point32Health is always evaluating the information we make available to our network providers — including its accuracy and value, as well as the appropriateness of where it is maintained. To that end, we've made the decision to archive our Payment Reduction and Provider Payment Dispute Payment Policies for all Tufts Health Plan lines of business, and the pertinent information from those policies can now be found in the following sections of the various Tufts Health Plan Provider Manuals:

- [Claim Requirements, Coordination of Benefits and Payment Disputes](#) section of the Tufts Health Plan Commercial Provider Manual
- [Claim Requirements, Coordination of Benefits and Payment Disputes](#) section of the Tufts Health Plan Senior Products Provider Manual
- [Claims Requirements, Coordination of Benefits and Dispute Guidelines](#) section of the Tufts Health Public Plans Provider Manual

Going forward, please refer to those sections of the Provider Manuals for details concerning payment reduction and provider payment disputes. ▲

## Enrollment/screening for RI Medicaid providers

### Tufts Health RITogether

As a reminder, if you are a Rhode Island Medicaid provider who hasn't completed screening and enrollment with the state Medicaid program, it's important do so to ensure that you can continue to participate in our Tufts Health RITogether network.

The 21<sup>st</sup> Century Cures Act requires that states screen and enroll all providers rendering services to Medicaid members, regardless of specialty.

We encourage unscreened providers to complete screening and enrollment with Rhode Island Medicaid as soon as possible — to allow you to receive reimbursement for Tufts Health RITogether members and to ensure you can remain in our Tufts Health Public Plans network in the future.

The application for enrollment/screening can be accessed directly on the [RI Medicaid Healthcare Portal](#) ([www.riproviderportal.org](http://www.riproviderportal.org)). You'll also find a Provider Enrollment User Guide there, and additional information can be found on the RI EOHHS website (<https://eohhs.ri.gov/providers-partners/provider-enrollment>).

If you have any other questions or concerns that are not answered by the Provider Enrollment User Guide, please contact the RI Medicaid Customer Service Help Desk at 800-964-6211. ▲

## Point32Health Medical Necessity Guideline updates

### All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Noncovered Investigational Services	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	4/1/2025	New MNG detailing services that will not be covered by Point32Health due to being considered experimental/investigational. For more information specific to this change, please see <a href="#">this article</a> .
Genetic and Molecular Diagnostic Testing for Public Plans	Tufts Health RITogether	4/1/2025	In alignment with guidance from the Rhode Island Executive Office of Health and Human Services, prior authorization will be required for the oncology biomarker codes 0490U, 0491U, 0492U, and 0513U.
Gender Affirming Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	2/1/2025	Minor administrative update.
Intensity Modulated Radiation Therapy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	1/1/2025	Effective retroactively to Jan. 1, 2025, prior authorization is no longer required for CPT code 77387 or HCPCS code G6017.
Genetic and Molecular Diagnostic Testing for Public Plans	Tufts Health One Care, Tufts Health Together	11/21/2024	Effective retroactively to Nov. 21, 2024, prior authorization is no longer required for CPT code 81420 (fetal chromosomal aneuploidy genomic sequence analysis panel), in support of guidance from MassHealth.



## Point32Health medical drug program updates

### All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) [Medical Benefit Drug Medical Necessity Guidelines page](#).

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim members. You can find information about this program on the [OncoHealth page](#) in the [Vendor Programs](#) section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Bizengri	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	2/1/2025
Unloxcyt	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	2/1/2025
Opdivo Qvantig	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	2/1/2025
Vyloy	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	2/1/2025
Ziihera	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	2/1/2025
Elevidys	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Clarification that the length of authorization is 90 days from the date of approval or up to the member's 6 <sup>th</sup> birthday, whichever comes first.	2/1/2025
Updates to existing prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Docivvyx	Harvard Pilgrim Commercial Prior authorization is no longer required (HCPCS code J9172).	2/1/2025
Docetaxal	Harvard Pilgrim Commercial Prior authorization is no longer required (HCPCS code J9172).	2/1/2025
New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Vafseo (vadadustat) Unified Medical Policies	Tufts Health Together Prior authorization will be required for Vafseo (HCPCS J0901), approved by the FDA in March 2024 for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least three months. Coverage criteria will be unified with MassHealth.	4/1/2025
Jesduvroq (daprodustat) Unified Medical Policies	Tufts Health Together Prior authorization will be required for Jesduvroq (HCPCS J0889), approved by the FDA in February 2023 for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least fourth months. Coverage criteria will be unified with MassHealth.	4/1/2025
PiaSky (crovalimab-akkz) Unified Medical Policies	Tufts Health Together Prior authorization will be required for PiaSky (HCPCS J1307), approved by the FDA in June 2024 for the treatment of adult and pediatric patients 13 years and older with paroxysmal nocturnal hemoglobinuria and body weight of at least 40 kg. Coverage criteria will be unified with MassHealth.	2/18/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Tecelra Unified Medical Policies	Tufts Health Together Prior authorization will be required for coverage of Tecelra (J9999) a gene therapy approved by the FDA in August 2024 to treat adults with metastatic synovial sarcoma. Coverage criteria will be unified with MassHealth.	2/18/2025
Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Kisunla (donanemab-azbt)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	4/1/2025
Legembi (lecanemab)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	4/1/2025
Epkinly (epcoritamab-bysp), Opdualag (nivolumab/relatlimab-rmbw), Tecvayli (teclistamab-cqyv) Unified Medical Policies	Tufts Health Together Epkinly, Opdualag, and Tecvayli will remain managed with prior authorization; however, effective for fill dates on or after Feb. 18, 2025, coverage criteria will be unified with MassHealth. As a result, Epkinly, Opdualag, and Tecvayli will now fall under the Unified Medical Policies Medical Necessity Guidelines.	2/18/2025



## Pharmacy coverage changes

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Ravicti (glycerol phenylbutyrate)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	4/1/2025	Ravicti Updates to step therapy requirements within coverage criteria, updates to diagnosis requirements, and a requirement added that the requested medication be used as an adjunct to a protein-restricted diet.



## MassHealth updates to Unified Formulary

Tufts Health Together — MassHealth MCO Plan and ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on April 1, 2025. Tufts Health Together-MassHealth MCO Plan and ACPPs utilizes MassHealth’s Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date.



***Insights and Updates for Providers* is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.**

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